MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

0526

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge WITHIN CORPORATE LIMITS OF

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 319 High St

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 319 High St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Allen

3. (b) Social Security Number none

4. Sex: male

5. Color or race: colored

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan 8 1940

8. AGE: Years: Stillborn Months: Days: If less than one day ____ hrs. ____ min.

9. Birthplace Cambridge Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Douglas Sylvester Allen

13. Birthplace Philadelphia Pa

MOTHER

14. Maiden name Hattie Mae Bennett

15. Birthplace Cambridge Md

16. Informant Douglas S. Allen

Address 319 High St

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Jan. 9 - 1940 (month) (day) (year)

Cemetery or crematory at home

Location 319 High St. Cambridge

18. Funeral director Douglas S. Allen

Address 319 High St. Camb.

19. 1-9 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 8 1940, at 8:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Stillborn 19 ____, to ____ 19 ____, and that I last saw h ____ alive on ____ 19 ____.

Immediate cause of death Stillborn (2½ month) — DURATION 1-8-40

Due to undetermined

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Carroll M St Clair MD M. D. or other

Address Cnr Oleder St. Date signed 1-9-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU U. S.

0527

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1 day

Stay in this community (yrs., or mos., or days): 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Dorchester

City or town: Hudson ~~Cambridge~~ Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R.F.D. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Banning

3. (b) Social Security Number: none

4. Sex: undet

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1/31/40

8. AGE: Years | Months | Days | If less than one day ____ hrs. ____ min.

3 Mo abortion

9. Birthplace: Cambridge Md. (Town, county and state)

10. Usual occupation: None

11. Industry or business: —

FATHER: 12. Name: Cornelius Banning

13. Birthplace: Maryland.

MOTHER: 14. Maiden name: Ellen Mae Harding

15. Birthplace: Maryland.

16. Informant: Ella Mae Banning

Address: Hudson Md.

17. Disposal at Hospital (Burial, cremation, or removal. Which?) Date thereof 1/31/40 (month) (day) (year)

Cemetery or crematory: Camb. Hospital

Location: Cambridge Md

18. Funeral director: —

Address

19. 1/31/ 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 1/31 1940, at 5 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/31 1940, to 1/31/ 1940, and that I last saw h____ alive on Not at all 19____.

Immediate cause of death: 3 Mo abortion (Cause unknown)

DURATION: 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: John Moore Jr. M.D. (M. D. or other)

Address: Cambridge Date signed 1/31/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

3

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0528

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge, Maryland
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Eastern Shore State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 7 Months, 14 Days
Stay in this community (yrs., or mos., or days) Same

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town 211 Earle St., Easton, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Hamilton Barnes

3. (b) Social Security Number None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Unknown
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): November 8, 1859

8. AGE: Years 80 | Months 2 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace: St. Michaels, Talbot County, Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Agriculture
FATHER
12. Name: James J. Barnes
13. Birthplace: Maryland
MOTHER
14. Maiden name: Louise
15. Birthplace: Unknown
16. Informant: Hospital Records, State Hospital
Address: Cambridge, Maryland
17. Burial (Burial, cremation, or removal, Which?) Date thereof Jan. 30-1940 (month) (day) (year)
Cemetery or crematory: Spring Hill Cemetery
Location: Easton, Md.
18. Funeral director: James A. Spence
Address: Easton, Md Per K R Thomas
19. 1-27 1940 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 27 1940, at 1.05 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 13 1939, to ____ 19__, and that I last saw him alive on January 26 1940.

	DURATION
Immediate cause of death: Bronchopneumonia	
Due to: General and Cerebral Arteriosclerosis	1937
Due to:	
Other conditions: Psychosis With Cerebral Arteriosclerosis (Include pregnancy within 3 months of death)	1937

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE Percy G. Hamlin M. D. or other
Address Hale Hospital Date signed Cambridge Jan 26 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0529

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Dorchester.
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Eastern Shore State Hospital
Stay in hospital or inst. (yrs., or mos., or days) 2 year 3 mo 13 das
Stay in this community (yrs., or mos., or days) " " "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Talbot
City or town McDaniel Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Frederick Berry

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Susan Cordia Barber
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.): Nov 4 1858
8. AGE: Years 81 Months 2 Days 14 If less than one day hrs. min.
9. Birthplace: Caroline Neck Maryland (Town, county, and state)
10. Usual occupation: Saw Mill Operator
11. Industry or business: Lumber
FATHER 12. Name: William Frederick Berry
13. Birthplace: St Michaels, Talbot Co, Md
MOTHER 14. Maiden name: Susan Berry
15. Birthplace: Caroline Neck Talbot Co, Md
16. Informant: Hospital Records, State Hospital
Address: Cambridge, Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 22 1940 (month) (day) (year)
Cemetery or crematory: Spring hill Cemetery
Location: Easton Md.
16. Funeral director: Newnam & Harrison
Address: St Michaels, Md.
19. 1-19 (Date rec'd by registrar) 1940 John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 18 1940, at 7 00 P. M.
21. I CERTIFY that death occurred on the date above stated: That I attended deceased from Feb 1 1938 to Jan 18 1940, and that I last saw h[illegible] alive on Jan 18 1940.

	DURATION
Immediate cause of death: Cerebral Thrombosis	1935
Due to: General & Cerebral Arteriosclerosis	1934
Due to: Chronic Nephritis	1934
Other conditions: Complications were Cerebral Arteriosclerosis (Include pregnancy within 3 months of death)	1934

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Percy G. Harrison M. D. or other
Address State Hospital, Cambridge Date signed 1/18/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0530

CERTIFICATE OF DEATH

Reg. Dist. No. 11 6

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address (hospital, or institution): Eastern Shore State Hospital
Stay in hospital or Inst. (yrs., or mos., or days): 10 mos. 3 days
Stay in this community (yrs., or mos., or days): 10 mos 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Worcester
City or town: Berlin Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mattie Emma Boston

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Josiah A Boston
6(c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): Dec. 22 1862

8. AGE: Years 77 | Months 0 | Days 20 | If less than one day: ____hrs. ____min.

9. Birthplace: Berlin Maryland
(Town, county, and state)

10. Usual occupation: Housewife and store clerk

11. Industry or business: Husbands general store

FATHER
12. Name: John C. Plamer
13. Birthplace: Powellville Md.

MOTHER
14. Maiden name: Mary Ann Cooper
15. Birthplace: Berlin Md.

16. Informant: Hospital Records
Address: E.S.S Hosp. Coun. md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 13 1940 (month) (day) (year)
Cemetery or crematory: Evergreen Cem.
Location: Berlin, Md worcester Co

18. Funeral director: J. M. Burbage
Address: Berlin md.

19. 1-11 1940 (Date rec'd by registrar) John Grace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 11 1940, at 8.40 A.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar.7 1939 to Jan.11 1940, and that I last saw her alive on Jan. 10 1940.

Immediate cause of death	Bronchopnuemonia	DURATION 1day
Due to	Upper respiratory infection	5 days
Due to		
Other conditions	Arteriosclerosis	
	Senile Psychosis	3 yrs.

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Kenneth D Jones M D
M. D. or other
Address

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

·0531

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH:

County Dorchester

City or town Vienna
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 71 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Vienna Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME William Carr

3. (b) Social Security Number None

4. Sex Male

5. Color or race Colored

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Lizzie Carr

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) December 6, 1868

8. AGE: Years 71 Months 1 Days 1 If less than one day ___ hrs. ___ min.

8. Birthplace Dorchester County, Maryland
(Town, county, and state)

10. Usual occupation General Laborer

11. Industry or business

FATHER
12. Name John Henry William Carr
13. Birthplace Dorchester County, Maryland

MOTHER
14. Maiden name Harriett Wing
15. Birthplace Dorchester County Maryland

16. Informant Daisey Bell Carr

Address Vienna, Maryland

17. Burial
(Burial, cremation, or removal. Which?)

Date thereof Jan. 9, 1940
(month) (day) (year)

Cemetery or crematory Vienna Cemetery

Location Vienna Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. Jan 9 1940
(Date rec'd by registrar)

Elizabeth H. Craft
Deal. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 7 1940, at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 8, 1939 to Jan. 7, 1940, and that I last saw him alive on Jan. 7, 1940.

Immediate cause of death

Coronary occlusion

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION ?

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Lawrence Manzanor
M. D. or other

Address Vienna, Md. Date signed 1/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

I

T

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0532

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Salem

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 16 y 7 m 8 da

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Dorchester

City or town Salem Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lena May Chase

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	colored	single

(b) Name of husband or wife —

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) June 15 1923

8. AGE:

Years	Months	Days	If less than one day
16	7	8	hrs. min.

9. Birthplace Salem Md (Town, county, and state)

10. Usual occupation schoolchild

11. Industry or business —

FATHER 12. Name Norman Chase

13. Birthplace Salem Md

MOTHER 14. Maiden name Cenie Beardley

15. Birthplace Salem Md

16. Informant Norman Chase

Address Salem Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 28 1940 (month) (day) (year)

Cemetery or crematory Salem Cemetery

Location

18. Funeral director A M St Clair

Address Cambridge Md

19. 1-27 (Date rec'd by registrar) 1940 John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 23 1940, at 5:40 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from April 8 1939, to January 23 1940, and that I last saw h[illegible] alive on January 21 1940.

Immediate cause of death	DURATION
Pulmonary Tuberculosis	4-1-39
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair Md (M. D. or other)

Address Pine & Cedar Sts Date signed 1-24-40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

0533

CERTIFICATE OF DEATH

Reg. Diat. No. 118

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town (If outside city or town limits, write RURAL NEAR and give town): Hurlock – Rural near

Street address, hospital, or institution: Route 2 – Box 48

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town (If outside city or town limits, write RURAL NEAR and give town): Hurlock – (Rural Near) Ward No.

Street No.: Route 2 – Box 48
(If rural give LOCATION)

2(a) IF YETERAN, NAME WAR

3. (a) FULL NAME: Martha B. Coulbourn

3. (b) Social Security Number: None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife: David A. Coulbourn

6(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): Nov. 16 – 1857

8. AGE:

Years	Months	Days	If less than one day
82	2	13	____ hrs. ____ min.

9. Birthplace: Pennsylvania (Town, county, and state)

10. Usual occupation: housewife

11. Industry or business: home

FATHER
12. Name: Brosius
13. Birthplace: Penn

MOTHER
14. Maiden name: Ellen Hayes
15. Birthplace: Penn.

16. Informant: Thos. E. Coulbourn

Address: Hurlock – Rt. 2. Box 48

17. Burial (Burial, cremation, or removal. Which?) Date thereof Feb. 1 1940 (month) (day) (year)

Cemetery or crematory: Washington Cemetery

Location: Hurlock, Maryland

18. Funeral director: J. J. Frampton & Son

Address: Fredericksburg, Maryland

19. Jan 30 1940 (Date rec'd by registrar) Chas. O. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 29 1940, at 2-30a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h____ alive on ____ 19____.

Immediate cause of death	DURATION
Myocarditis - Chronic	2-3 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Jos. K. Shriver, Dep. Med. Exam. M. D. or other

Address: Cambridge Date signed: Jan 29/40

RECEIVED
FEB 8 1918
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

0534

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge WITHIN CORPORATE LIMITS OF
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
250 Race St
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 74

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Dorchester
City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 25 Race
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Priscella Tedderman

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
female	colored	widowed

6 (b) Name of husband or wife Charles Tedderman
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 1866

8. AGE: Years 74 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Cambridge Md (Town, county, and state)
10. Usual occupation domestic
11. Industry or business Gen Housework
FATHER 12. Name Joseph Roberts
FATHER 13. Birthplace Dorchester Co Md
MOTHER 14. Maiden name Julia (?)
MOTHER 15. Birthplace Dorchester Co Md
16. Informant Mary E. McCarter
Address 250 Race St Cambridge Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/1/40 (month) (day) (year)
Cemetery or crematory Bethel
Location Cambridge Md.
18. Funeral director Jenkins Bros
Address Cambridge, Md
19. 2-1-40 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 29 1940, at 3:10 P M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from January 25 1940, to January 29 1940, and that I last saw h alive on January 29 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage	1-25-40
Due to Chr. Hypertension	1937
Due to	
Other conditions Chr. Myocarditis	1937

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Carroll M McClain MD M. D. or other
Address 200 Cedar St Date signed 1-31-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

0535

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Lakes Vill

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Dorchester

City or town Lakes Vill Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn Foxwell

3. (b) Social Security Number none

4. Sex: male

5. Color or race: White

6. (a) Single, married, widowed, or divorced

6 (b) Name of husband or wife: Fredc. C Foxwell

husband 6(c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Jan 6th 1940

8. AGE: Years | Months 9 | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Lakes Vill Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Fredic C. Foxwell

13. Birthplace Md.

MOTHER 14. Maiden name Venie Fitzue

15. Birthplace Md.

16. Informant Wife

Address Lakes Vill

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 7 1940 (month) (day) (year)

Cemetery or crematory Lakesville

Location Maryland

18. Funeral director Father (Fred Foxwell

Address Lakesville, Md.

19. 1-6 1940 (Date rec'd by registrar) Eva H. Slacum Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 6th 1940, at 12:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ___ 19___ to ___ 19___, and that I last saw him alive on Dead 19___.

Immediate cause of death: Hemorrage from Cord.

Due to

Due to

Other conditions: Dead Born

(Include pregnancy within 8 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. L. Clymer M. D. or other

Address Bishop Head Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1990
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0536

1. PLACE OF DEATH (92d)

County Dorchester Registration Dist. No. 110

Village or City Hurlock No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 82 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Sallie Ann Harper If U. S. Veteran, specify WAR

(a) Residence: No. Hurlock Maryland St., Ward. No Social Security Number

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) May 7, 1857

7. AGE: Years 82 | Months 8 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Dec. 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Dorchester County Md.

FATHER

13. NAME Elisha Harper

14. BIRTHPLACE (city or town) (State or country) Dorchester County Maryland

MOTHER

15. MAIDEN NAME Margaret Wright

16. BIRTHPLACE (city or town) (State or country) Dorchester County Maryland

17. INFORMANT (Address) Mrs. Martin Thomas Hurlock, Maryland

18. BURIAL, CREMATION, OR REMOVAL Place Hurlock Md. Date Jan. 30, 1940

19. UNDERTAKER (Address) J. J. Frampton & Son Federalsburg, Maryland

20. FILED Jan 30, 1940 Chas W Hastings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1940, to Jan 28, 1940

I last saw her alive on Jan 28, 1940, death is said to have occurred on the date stated above, at 2 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Influenza

Date of onset

Other Contributory Causes of importance: Valvula Heart Disease.

Name of operation none Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify —

(Signed) L. L. Frazier M. D.

(Address) Hurlock Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0537

Reg. Dist. No. 11 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (WITHIN CORPORATE LIMITS)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Hosp. (Phillips St

Stay in hospital or inst. (yrs., or mos., or days): Dead on Arrive

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Dorchester

City or town: Cambridge Md. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1 Phillips St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME Steelborn Harris

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colrd	Single

6 (b) Name of husband or wife: Gladys Harris

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan. 5, 1940

8. AGE: Years	Months	Days	If less than one day
Still Born			hrs. min.

9. Birthplace: Cambridge Md

(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER — 12. Name: Jack Banks

13. Birthplace: Md.

MOTHER — 14. Maiden name: Gladys Harris

15. Birthplace: Md.

16. Informant: Gladys Harris

Address: 1 Phillips St. Cambridge Md

17. Cremated (Burial, cremation, or removal. Which?) Date thereof: Jany 5 1940 (month) (day) (year)

Cemetery or crematory: Hosp. Incinerator

Location: Cambridge Md. Hosp.

18. Funeral director: None

Address

19. 1-5 (Date rec'd by registrar) 1940 John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jany 5th 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on 1/5 1940

Immediate cause of death: Drowning Minutes - 3 or 4 days — DURATION

Due to: Venereal contact or Mother's Infected prematurity syphilis

Due to: Unascertained Cause

Other conditions: Probably Syphilis in Mother Unascertained Cause

(Include pregnancy within 3 months of death)

Major findings:

Of operations: —

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: — Injured at work?

23. SIGNATURE: Guy Steele M. D. or other

Address: Cambridge Md. Date signed

RECEIVED
FEB 5 1940
BUREAU V. S.

0538

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45.E)

CERTIFICATE OF DEATH

Reg. Dist. No. 112

1. PLACE OF DEATH:

County Dorchester

City or town Vienna R.F.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 3 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Vienna, R.F.D. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Levin F Hurley

3. (b) Social Security Number ✓

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widower

6 (b) Name of husband or wife: Sarah Dayton

Deceased 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 9-13-1872

8. AGE: Years 67 | Months 3 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace: Vienna R.F.D. (Town, county, and state)

10. Usual occupation: Farmer "Dirt"

11. Industry or business: ✓

FATHER

12. Name: Aly Hurley

13. Birthplace: Md

MOTHER

14. Maiden name: Nancy Hurley

15. Birthplace: Md

16. Informant: Mrs Chas Perry

Address: Vienna Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 4, 1940 (month) (day) (year)

Cemetery or crematory: East Neck Mkt

Location: East Neck Mkt Md

18. Funeral director: G S Le Compte

Address: Cambridge Md

19. Jan 4 1940 (Date rec'd by registrar) Elizabeth W. Craft Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1940, at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/4 1939, to JAN. 2. 1940, and that I last saw him alive on JAN. 2 1940.

Immediate cause of death: Starvation due to

Due to: Adenocarcinoma of tongue and its metastases

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: W F Parks M. D. or other

Address: Cambridge Md Date signed 1/3/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

0539

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:

County Dorchester

City or town East New Market
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural Near

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) all of life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. East New Market
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth A. Jackson

3. (b) Social Security Number

4. Sex F

5. Color or race C

6.(a) Single, married, widowed, or divorced widowed

B (b) Name of husband or wife Draper Andrew Jackson

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 27 - 1862

8. AGE: Years 77 | Months 1 | Days 24 | If less than one day hrs. min.

9. Birthplace East New Market Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name John H. Thompson

13. Birthplace Maryland

MOTHER 14. Maiden name Mary A. Maglotton

15. Birthplace Maryland

16. Informant Alice Todd

Address East New Market Md.

17. (Burial, cremation, or removal. Which?) Date thereof Jan 23, 1940 (month) (day) (year)

Cemetery or crematory East New Market Md

Location

18. Funeral director A. H. Walburg & Wife

Address East New Market Md

19. Jan 22 1940 (Date rec'd by registrar) H. E. Parker Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 21 1940, 9-45 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ——— 19—, to ——— 19—, and that I last saw h— alive on ——— 19—.

Immediate cause of death	DURATION
Chronic Myocarditis	5-6 yrs.
Due to	
Due to Chronic Arthritis	7 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations X

Of autopsy X

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: X

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Jos. K. Shriver - Dep. Med. Exam. M. D. or other

Address Cambridge Md. Date signed Jan 24 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 7 1940
BUREAU V. S.

0540

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH

County Dorchester

City or town Pailsville Camb. Rt # 1
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Pailsville — Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Cambridge # 1
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Emma W. Jackson

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Waldo C Jackson

6(c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) 11-3-1856

8. AGE: Years 83 | Months 1 | Days 27 | If less than one day ___ hrs. ___ min.

9. Birthplace Pailsville Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business Home

FATHER
12. Name Wm W. Pail
13. Birthplace Md.

MOTHER
14. Maiden name Emilly Corkan
15. Birthplace Md.

16. Informant Mr. Waldo Jackson
Address Camb. R.F.D. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/13/40 (month) (day) (year)

Cemetery or crematory Christ Church

Location Camb. Md.

18. Funeral director G. S. Le Compte
Address Cambridge, Md.

19. 1-13 1940 John Mace Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 10 1940, at 8.50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from on 1-5-+ 1940, to ___ 19___, and that I last saw her alive on 1/4 1940.

Immediate cause of death Hypostatic Pneumonia
Bronchial pneumonia. C.W.G.R.
Due to Duration: twelve days.

Due to

Other conditions Chronic Bronchitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
—
Of autopsy —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE Guy Steele M. D. or other

Address Cambridge Md. Date signed

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0541

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH

County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days) all life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State ____ County ____

City or town ____ Ward No. ____ (If outside city or town limits, write RURAL NEAR and give town)

Street No. ____ (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME George A. Jackson

3. (b) Social Security Number no

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Grace Jackson

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Oct 2 1867

8. AGE: Years 73 | Months 3 | Days — | If less than one day ____ hrs. ____ min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER **12. Name** Andrew Jackson

13. Birthplace Md

MOTHER **14. Maiden name** Unknown

15. Birthplace ____

16. Informant Mrs Geo Jackson

Address East New Market

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 6 1940 (month) (day) (year)

Cemetery or crematory East New Market

Location same

18. Funeral director H. H. Wilbur Colby

Address East New Market

19. 1-4 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 4, 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 10 1939, to January 4 1940, and that I last saw h[illegible] alive on January 4 1940.

Immediate cause of death Pneumonia

Due to Carcinoma Pancreas

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

DURATION

?

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE H. H. Evans M. D. or other

Address Cambridge Md. Date signed Jan. 4 1940

RECEIVED
FEB 5 1940
BUREAU V. S.

0542

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(180)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ~~[illegible]~~ Hospital Cambridge

Stay in hospital or Insf. (yrs., or mos., or days) 1 day md

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Church Creek Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thelma R Jackson

3. (b) Social Security Number

4. Sex: female
5. Color or race: Colored
6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 30 1926

8. AGE: Years 13 Months 9 Days 9 If less than one day hrs. min.

14

9. Birthplace Church Creek
(Town, county, and state)

10. Usual occupation house work

11. Industry or business

FATHER
12. Name Thomas E Jackson
13. Birthplace Church Creek

MOTHER
14. Maiden name Golden F Johnson
15. Birthplace Church Creek md

16. Informant Golden F Johnson
Address Church Creek md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 11 1940 (month) (day) (year)

Cemetery or crematory Cemetery

Location Church Creek md

18. Funeral director Lewis H Bayneum
Address Cambridge Md

19. 1-10 1940 John Mace Jr.
(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1940, at 11:59 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 9 1940, to January 9 1940, and that I last saw her alive on January 9 1940.

Immediate cause of death Third Degree Burn of entire body

DURATION 4 hours

Due to a burning building was involved.

Due to Explosion of wood-stove, while oil was being poured on fuel material.

Other conditions C.W.S.R.

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Cambridge Md Date signed 1/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

RECEIVED
FEB 5 1940
BUREAU V. S.

0543

STATE OF MARYLAND—CERTIFICATE OF DEATH

(158)

1. PLACE OF DEATH

County Dor Registration Dist. No. 110

Village or City Hurlock No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Alice M. Jenkins If U. S. Veteran, specify WAR

(a) Residence: No. Hurlock Md St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	C	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Sept 30, 1939

7. AGE Yeers	Months	Days	If LESS then 1 day, hrs. or min.
	3	3	

OCCUPATION

8. Trada, profession, or particuler kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, atc. —

10. Oate decaased last workad et this occupation (month and yaar) —

11. Totel time (yaars) spent in this occupation —

12. BIRTHPLACE (city or town) Near Hurlock (State or country) Md

FATHER

13. NAME Hilton, Elbert

14. BIRTHPLACE (city or town) Dor. Co. (State or country) Md.

MOTHER

15. MAIDEN NAME Catharine Jenkins

16. BIRTHPLACE (city or town) Dor. Co. (State or country) Md.

17. INFORMANT Mother of child (Address)

18. BURIAL, CREMATION, OR REMOVAL Place Washington Col. Cemetery near Hurlock Date Jan 3 1940

19. UNDERTAKER Edgar Elbert, Grand Father (Address) Hurlock Md.

20. FILED Jan 3 1940 Chas W Hastings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 3 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 19 Jan 3, 19

I last saw h— alive on —, 19—; death is said to have occurred on the date stated above, at 2 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Marasmus	
due to improper	
nourishment	

Other **Contributary Causes** of importance: —

Name of operation — Date of —

What test confirmed diagnosis? — Was thara an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Data of injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was diseese or injury in any way reieted to occupation of deceased? —

If so, specify —

(Signed) D. G. Evans M. D.

(Addrass) Hurlock Md

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
FEB 6 1928
U.S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0544

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge WITHIN CORPORATE LIMITS ☑
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 234 High St

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Dorchester

City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 234 High St
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Theodora Andrew Johnson

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	married

6 (b) Name of husband or wife: Etta Johnson

6(c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): Sept 12 1873

8. AGE: Years	Months	Days	If less than one day
66	3	19	hrs. min.

9. Birthplace: St Michael Md
(Town, county, and state)

10. Usual occupation: Preacher

11. Industry or business

FATHER
12. Name: Ishmael Johnson
13. Birthplace: Talbot Co Md

MOTHER
14. Maiden name: Elmore (?)
15. Birthplace: Talbot Co Md

16. Informant: Fredrick Stiles

Address: 318 High St Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 11th 1940 (month) (day) (year)

Cemetery or crematory: Wrought

Location: High St Cambridge Md

18. Funeral director: T. M. St. Clair

Address: Cambridge Md

19. 1-11 (Date rec'd by registrar) 1940 John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 8 1940, at 11:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 6 1940, to January 8 1940, and that I last saw him alive on January 8 1940.

	DURATION
Immediate cause of death: Bronchopneumonia	1-1-40
Due to (Primary):	
Due to:	
Other conditions: Myocarditis - Chr Cystitis	1938
Hypertension	1937

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Carroll M St Clair MD
M. D. or other

Address: Cor Eden St. Date signed: 1-9-40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (132)

0545

CERTIFICATE OF DEATH

Reg. Dist. No. 119

1. PLACE OF DEATH:

County Dorchester

City or town Toddsville Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 43

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Toddsville Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. ✓

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME T Olin Johnson

3. (b) Social Security Number 20

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married —

6 (b) Name of husband or wife Delma Bramble

— 6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 12-6-1896

8. AGE: Years 43 Months ✓ Days 26 If less than one day ___ hrs. ___ min.

9. Birthplace Toddsville Md (Town, county, and state)

10. Usual occupation Packer

11. Industry or business Oyster & Crab

FATHER

12. Name Mr T Johnson

13. Birthplace Dan Co Md

MOTHER

14. Maiden name Derinda Meredith

15. Birthplace Toddsville Md

16. Informant Mrs Olin Johnson

Address Toddsville Md —

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 5, 1940 (month) (day) (year)

Cemetery or crematory Dar Mem Park

Location Cambridge Md

18. Funeral director G S LeCompte

Address Cambridge Md

19. Jan 4 1940 (Date rec'd by registrar) Wilson D Pritchett Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 3 1940, at 11:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 25 1939, to Jan. 3 1940, and that I last saw him alive on Jan. 3 1940.

Immediate cause of death Debilitation of heart & nephritis; Unspecified.

Due to Malignant hypertension

Due Duration of nephritis: Unknown. Physician does not know whether the nephritis was acute or chronic.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

3 years

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. H. Tawes M. D. or other

Address Cambridge Date signed Jan 3, 1940

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (115-a)

0546

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester WITHIN CORPORATE LIMITS OF
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Cambridge Md. Hosp't.
Stay in hospital or inst. (yrs., or mos., or days) 4 days
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Dor Chester
City or town Rhodesdale P.O. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Peterstang
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Gloria Jolly

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colrd	single

6 (b) Name of husband or wife —

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 7, 1938

8. AGE: Years	Months	Days	If less than one day
~~Hours~~ 1	7	10	hrs. min.

9. Birthplace Rhodesdale, Md., R.F.D.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Cornelius Jackson
13. Birthplace Maryland

MOTHER
14. Maiden name Isabelle Jolly
15. Birthplace Maryland.

16. Informant Isabel Jolly
Address Rhodesdale

17. Burial Date thereof Jan. 18, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Greenlemy
Location Dor. Co. Md.

18. Funeral director J. F. Trippletown Hsr
Address Federalsburg Md.

19. 1-18 1940 John Meade Jr.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 19 1940, at 5:20 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
19, to 19,
and that I last saw h alive on 19.

Immediate cause of death	DURATION
Morbid dehydration.	
tonsilitis, Mungial irritation	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE W. M. Farr for W. Guy Elliott
M. D. or other
Address Cambridge Md. Date signed 1-19-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

0547

CERTIFICATE OF DEATH

Reg. Dist. No. 111

1. PLACE OF DEATH:
County Dorchester
City or town East New Market Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Lifetime

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jeremiah Jolly

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	widow

6 (b) Name of husband or wife Sarah E. Jolly (Deceased) 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 1872

8. AGE: Yeare	Months	Days	If less than one day
67 1872	9		hrs. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual occupation Laborer
11. Industry or business General Farm work

FATHER
12. Name James Jolly
13. Birthplace Maryland

MOTHER
14. Maiden name Tarnde
15. Birthplace Maryland

18. Informant James E. Jolley (son)
Address East New Market Md.

17. Burial Date thereof Jan. 22 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cordtown
Location Cordtown Md.

18. Funeral director Lewis A. Henny
Address 222 Cedar St. Cambridge Md.

19. Jan 20 19 40 H. E. Parker
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/19 19 40, at 7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/18/40 19, to 1/19/40 19, and that I last saw h in alive on 1/18/40 19.

Immediate cause of death	DURATION
Senility & General debility	
Due to Arterio-sclerosis. Cause of Duration: Not stated	
Due to Neglect	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causee, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE G Roger Myers MD
M. D. or other
Address Hudson Md Date signed 1/18/40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Myers.
Shulock.

0548

STATE OF MARYLAND—CERTIFICATE OF DEATH

92-d

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 111

Village or City Rhodesdale No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 59 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME David W. Jones If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~: Mary Jones

6. DATE OF BIRTH (month, day, and year): June 29, 1890

7. AGE: 59 Years, Months: 6, Days: 5. If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: All Life

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Dorchester

FATHER

13. NAME: Elijah Jones

14. BIRTHPLACE (city or town) (State or country): Dorchester

MOTHER

15. MAIDEN NAME: Henrietta Jenkins

16. BIRTHPLACE (city or town) (State or country): Dorchester

17. INFORMANT (Address): Allen Stanley Rhodesdale Md

18. BURIAL, CREMATION, OR REMOVAL

Place Thompsontown Date Jan 7, 1940

19. UNDERTAKER (Address): H. H. Willoughby East New Market

20. FILED Jan 8, 1940 H. E. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan (Month) 4 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1939, to Jan 4, 1940

I last saw him alive on Jan 4 with 10 days, death is said to have occurred on the date stated above, at 7:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic endocarditis, Valvular disease

Date of onset

Other Contributory Causes of importance: natural

Name of operation: none Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury: no injury

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) L. G. Frazier M. D.

(Address) Hurlock

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

RECEIVED FEB 7 1929 BUREAU U.S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0549

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-a

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:

County Dorchester

City or town Fishing Creek

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: ✓

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Fishing Creek Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Charles C. Lockford

3. (b) Social Security Number ✓ none

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widower

6 (b) Name of husband or wife Do not know —

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 5-18-1860

8. AGE: Years 79 Months 7 Days 17 If less than one day hrs. min.

9. Birthplace Maryland — (Town, county, and state)

10. Usual occupation None —

11. Industry or business —

FATHER 12. Name Not known

13. Birthplace ✓

MOTHER 14. Maiden name Not known

15. Birthplace ✓

16. Informant Janet Andrews —

Address Fishing Creek, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof X Jan. 8, 1940 (month) (day) (year)

Cemetery or crematory Family

Location Fishing Creek Md

18. Funeral director G. S. Le Compte

Address Cambridge, Md.

19. Jan. 6 1940 (Date rec'd by registrar) James W. Meacer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1940 at 8.10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 28 1939, to Jan 5 1940, and that I last saw him alive on Jan. 5 1940.

Immediate cause of death Cerebral Hemorrhage — Vascular disease

Due to

Due to

Other conditions Cerebral Hemorrhage

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

DURATION: 40 years; 5 days

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James W. Meacer M. D. M. D. or other

Address Fishing Creek Md Date signed Jan. 6/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

T

RECEIVED
FEB 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (131-a)

0550

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 22 High
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 53 —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge Md Ward No. 2
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 22 High —
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no.

3. (a) FULL NAME Ivy L. Leonard —

3. (b) Social Security Number None —

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married —
6 (b) Name of husband or wife: Mary Virginia Mills
6(c) If alive, give age 79 years
7. Birth date of deceased (mo., day, yr.): 9-7-1857

8. AGE: Years 82 Months 4 Days 13 If less than one day ___ hrs. ___ min.

9. Birthplace: Taylors Island, Md (Town, county, and state)
10. Usual occupation: "Packer" "Canner"
11. Industry or business: Oyster Tomatoes

FATHER
12. Name: Levi B. Leonard
13. Birthplace: Md

MOTHER
14. Maiden name: Mariah T. Creighton
15. Birthplace: Md

16. Informant: Miss Grace Leonard
Address: Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/22/40 (month) (day) (year)
Cemetery or crematory: Green Lawn
Location: Cambridge, Md.

18. Funeral director: G S LeCompte
Address: Cambridge Md.

19. 1-22 1940 John Wall Jr (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 20 1940, at 5:55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 9 1940, to Jan 20 1940, and that I last saw him alive on Jan. 20 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	5-6 yrs
Due to Cardio-Renal-Vascular	5-6 yrs.
Due to Syndrome	
Other conditions La Griffe	10 days

(Include pregnancy within 3 months of death)

Major findings: —
Of operations
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Jos. K. Shriver M. D. or other
Address Cambridge Md. Date signed Jan 22 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
FEB 5 1940
BUREAU V. S.

0551

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-6)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County Dorchester
City or town Cambridge Md —
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 204 Robbins St.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 18

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Dorchester
City or town Cambridge — Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 204 Robbins
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Emory N. Lewis —

3. (b) Social Security Number 214-07-7102

4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, or divorced married.
6 (b) Name of husband or wife Susie Willey
6(c) If alive, give age 42 years
7. Birth date of deceased (mo., day, yr.) 11-28-1890

8. AGE: Years 49 Months 1 Days 15 If less than one day ___ hrs. ___ min.

9. Birthplace Talbot Co Md —
(Town, county, and state)
10. Usual occupation Foreman "Service"
11. Industry or business Dar Water Co —
FATHER
12. Name Thos J. Lewis
13. Birthplace Md
MOTHER
14. Maiden name Mary Moore
15. Birthplace Md
16. Informant Mrs Susie Lewis
Address Cambridge Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1/15/40 (month) (day) (year)
Cemetery or crematory Dar Mem Park
Location Cambridge Md
18. Funeral director G S LeCompte
Address Cambridge Md
19. 1-15 1940 (Date rec'd by registrar) John Moore Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 13 1940 at 9.15 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 16 1939, to Jan 13 1940 and that I last saw h my alive on June 11, 1940.

Immediate cause of death chronic nephritis — DURATION 5 yrs +
Due to Mitral insufficiency — 20 yrs +
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE John Schneider M.D. M. D. or other
Address Cambridge, Md. Date signed Jan 15, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

T

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (93-d)

0552

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
County: Dorchester
City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Eastern Shore State Hospital
Stay in hospital or inst. (yrs., or mos., or days): 1 yr. 11 mos. 15 ds
Stay in this community (yrs., or mos., or days): 1 yr. 11 " 15 "

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Somerset
City or town: Crisfield Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 114 Maple Ave
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Mary W. Mann
3. (b) Social Security Number: None

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: J. A. Mann
B(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): Unknown
8. AGE: Years 81 | Months Unknown | Days Unknown | If less than one day ____ hrs. ____ min.
9. Birthplace: Alabama (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own Home
FATHER
12. Name: Albert Carter
13. Birthplace: Alabama
MOTHER
14. Maiden name: Amanda Curtis
15. Birthplace: Alabama
16. Informant: Hospital Records
Address: Cambridge Md.
17. Burial (Burial, cremation, or removal, Which?) Date thereof 1-17-40 (month) (day) (year)
Cemetery or crematory: St. Pauls Cemetery
Location: Marion, Md
18. Funeral director: John A. Bradshaw
Address: Crisfield, Md.
19. 1-16 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 15 1940, at 5 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 20 1938, to Jan 15 1940, and that I last saw her alive on Jan 14 1940.

Immediate cause of death	DURATION
Myocardial failure	Unknown
Due to - Chronic Myocarditis	
+ Myocardial Deg.	"
Due to	
Other conditions - Manic Depressive Psychosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE: Kenneth B. Jones M D
M. D. or other
Address: Eastern Shore State Hosp. Date signed Jan 15/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

0553

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 years 3 mos 21 days

Stay in this community (yrs., or mos., or days) " " "

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Williamsburg Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sadie M McBride

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Lemuel E McBride

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 69 | Months | Days | If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business Domestic

FATHER 12. Name George Thompson

FATHER 13. Birthplace Unknown

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace Unknown

16. Informant Hospital Records, State Hospital

Address Cambridge, Maryland

17. (Burial, cremation, or removal. Which?) Date thereof Jan 9 1940 (month) (day) (year)

Cemetery or crematory East New Market

Location East New Market

18. Funeral director H. H. Willoughby

Address East New Market

19. 1-8 1940 John Russell Jr. Registrar (Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 7 1940, at 9:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1 1935, to Jan 7 1940, and that I last saw her alive on Jan 7. 1940 1940.

Immediate cause of death	DURATION
Cecite Pulmonary Edema	4 days
Secondary Cerebral Arteriosclerosis	Since 1935
Due to Nephritis	
Due to	
Other conditions Hypertension Cerebral Arteriosclerosis	1935
Arteriosclerosis Heart (2nd Degree Burns)	3 months ago

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Percy G. Howden M. D. or other

Address State Hospital Cambridge Md Date signed Jan 9 1940

RECEIVED
FEB 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

0554

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge WITHIN CORPORATE LIMITS OF

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 8 School House Lane

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 16 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 8 School House Lane

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Stillborn McCarter

3. (b) Social Security Number none

4. Sex male

5. Color or race colored

6. (a) Single, married, widowed, or divorced single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 11th 1940

8. AGE: Years Months Days If less than one day

Stillborn hrs. min.

9. Birthplace Cambridge. Maryland

(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER

12. Name Roland Wongus

13. Birthplace Crossroads, Md.

MOTHER

14. Maiden name Lulu McCarter

15. Birthplace Cambridge, Md.

16. Informant Lulu McCarter

Address 8 School House Lane. Camb.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Jan 17 1940 (month) (day) (year)

Cemetery or crematory Bethel Cem.

Location Cambridge, Md

18. Funeral director Lewis H. Bayneum

Address Cambridge, Md.

19. 1-12 1940 John Mace Jr.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 11th 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Not at all 19 , to 19 ,

and that I last saw h alive on Not at all 19 .

Immediate cause of death Stillborn 3½ or 4 Mo. (Cause unknown)

DURATION ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Mace Jr. M.D.

M. D. or other

Address Cambridge Md Date signed 1/11/40

RECEIVED
FEB 5 1940
BUREAU V. S.

0555

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Dorchester (108) Registration Dist. No. 111

Village or City near Rhodesdale No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Elizabeth Mety If U. S. Veteran, specify WAR

(a) Residence: No. same St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of: Henry Mety

6. DATE OF BIRTH (month, day, and year): May 31 1867

7. AGE: Years 72 Months 8 Days — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Germany

FATHER

13. NAME: Peter Klamp

14. BIRTHPLACE (city or town) (State or country): Germany

MOTHER

15. MAIDEN NAME: Katherine Kunz

16. BIRTHPLACE (city or town) (State or country): Germany

17. INFORMANT (Address): Henry Mety East New Market

18. BURIAL, CREMATION, OR REMOVAL Place: East New Market Date: Jan 9, 1939

19. UNDERTAKER (Address): H. H. Willoughby East New Market.

20. FILED: Jan 9, 1940. H. F. Packer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 1 (Month) 7 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1/1, 1940, to 1/8, 1940

I last saw her alive on 1/8, 1940; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pneumonia (Lobar)

Date of onset

Other Contributory Causes of importance:

Brights Disease & Myocarditis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) G. Roger Myers M. D.

(Address) Hancock Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitiol nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	*May 1, 1923*	*Gostrocnteritis*	*1 yeor*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0556

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 yrs 10 mos 24 da.

Stay in this community (yrs., or mos., or days): 2 yrs 10 mos 24 da.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Wicomico

City or town: Salisbury Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Charles Miller

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife: —

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 16, 1855

8. AGE: Years: 84 Months: Days: 29 If less than one day: hrs. min.

9. Birthplace: Washington D.C. (Town, county, and state)

10. Usual occupation: Lumberman

11. Industry or business: Lumbering

FATHER 12. Name: Henry Miller

FATHER 13. Birthplace: Washington D.C.

MOTHER 14. Maiden name: Mary Davis

MOTHER 15. Birthplace: Washington D.C.

16. Informant: Hospital Records, State Hospital

Address: Cambridge, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 17 1940 (month) (day) (year)

Cemetery or crematory: Eastern Shore State Hospital

Location: Cambridge, Md.

16. Funeral director: Kenneth R. Thomas

Address: Cambridge, Md.

19. 1-19 1940 John Mace Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 17 1940, at 5 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 1 1938, to Jan 17 1940, and that I last saw h[illegible] alive on Jan 17 1940.

Immediate cause of death: Cerebral Thrombosis — DURATION: July 1939

Due to: General and Cerebral Arteriosclerosis — Jan 1937

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Percy G. Hansen, M. D. or other

Address: State Hospital, Cambridge — Date signed: 1/15/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0557

Reg. Dist. No. 119

1. PLACE OF DEATH:

County Dorchester

City or town Taddeville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Taddeville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Hubert R. Mills Jr.

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	X

6 (b) Name of husband or wife None

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January 16, 1940

8. AGE:

Years	Months	Days	If less than one day
X	X	14	hrs. min.

9. Birthplace Cambridge, Dorchester, Md.

(Town, county, and state)

10. Usual occupation X

11. Industry or business X

FATHER

12. Name Hubert R. Mills

13. Birthplace Bishops Head, Md.

MOTHER

14. Maiden name Lillie May Mills

15. Birthplace Taddeville, Md

16. Informant Hubert R. Mills

Address Taddeville, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2/1/40 (month) (day) (year)

Cemetery or crematory Taddeville church yard

Location Taddeville, Maryland

18. Funeral director Granville S. LeCompte

Address Cambridge, Maryland

19. Jan 31 1940 (Date rec'd by registrar) Wilson D. Pritchett Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 30 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 21 1940, to 1/26 1940, and that I last saw h[illegible] alive on January 26, 1940.

Immediate cause of death Cellulitis (Streptococcic) ORIGINATION secondary to injury sustained by attempted delivery of breech by forceps by another physician

Due to Multiple contusions of the R. buttock and abdomen

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide? Accident Date of injury? delivery

Where did injury occur? Cambridge (City or town) Dorchester (County) Md. (State)

Injured at home, farm, industry, public place (where?) at home

Means of injury Instrumental Delivery Injured at work?

23. SIGNATURE W. J. Counts M. D. or other

Address Cambridge Md Date signed 1/31/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 6 1940
BUREAU V. S.

0558

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester Co

City or town Cambridge Rout 2

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Caldtown Md Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Molock

3. (b) Social Security Number none

4. Sex male

5. Color or race colored

6. (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Emma Molock

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 2 1861

8. AGE: Years 78 Months 10 Days 24 If less than one day hrs. min.

9. Birthplace Golden Hill Dorchester Md (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Major Molock

13. Birthplace Dorchester Co Md

MOTHER 14. Maiden name Melvinia Henry

15. Birthplace Dorchester Co Md

16. Informant Hattie Height

Address 13 & 57th Philadelphia Pa

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 30 1940 (month) (day) (year)

Cemetery or crematory Virey Cemetery

Location Cambridge Rt # 2, Md

18. Funeral director H M St Clair

Address Cambridge Md

19. 1-30 1940 (Date rec'd by registrar) John Neace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 26 1940, at 10:00 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 20 1940, to January 26 1940, and that I last saw him alive on January 25 1940.

Immediate cause of death Bronchopneumonia Primary

Due to

Due to Myocarditis Chr.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION 1-17-40 1938

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Carroll M St Clair MD M. D. or other

Address Pine & Cedar St Date signed 1-30-40

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M) (T)

RECEIVED
FEB 5 1940
BUREAU V. S.

0559

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge - Md

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge - Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days) 10 hrs

Stay in this community (yrs., or mos., or days) 10 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. R.F.D. #3

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Infant Newcomb - 1st Twin

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	W	single

6 (b) Name of husband or wife

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 6 - 1940

8. AGE: Years — Months — Days — If less than one day 10 hrs. min.

9. Birthplace Cambridge - Md (Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER 12. Name Wm H. W. Newcomb

13. Birthplace Maryland

MOTHER 14. Maiden name Pearl M. Martin

15. Birthplace Penn.

16. Informant Pearl M. Newcomb

Address Cambridge - Md R. 3

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 7 1940 (month) (day) (year)

Cemetery or crematory at home

Location Cambridge Lt #3, Md

18. Funeral director Father

Address

19. 1 - 7 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1940, at 10-30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 6 1940, to Jan 6 1940, and that I last saw him alive on Jan 6 1940.

Immediate cause of death	DURATION
Atalectasia	10 hrs
Due to Prematurity -	8 mos.
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jos. K. Shriver M.D. M. D. or other

Address Cambridge - Md Date signed Jan. 7-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

0560

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge — CITRIN CORPORATE LIMITS

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge - Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days): 2 1/2 hrs

Stay in this community (yrs., or mos., or days): 2 1/2 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: R. F. D. #3

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Infant Newcomb — 2nd Twin

3. (b) Social Security Number

4. Sex: male

5. Color or race: W

6. (a) Single, married, widowed, or divorced: single

6 (b) Name of husband or wife: —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan. 6 - 1940

8. AGE: Years — Months — Days — If less than one day: 2 1/2 hrs. ____ min.

9. Birthplace: Cambridge - Maryland (Town, county, and state)

10. Usual occupation: none

11. Industry or business: —

FATHER

12. Name: Wm H. W. Newcomb

13. Birthplace: Maryland

MOTHER

14. Maiden name: Pearl M. Martin

15. Birthplace: Penn.

16. Informant: Pearl M. Newcomb

Address: Cambridge - R.F.D. #3

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 7 1940 (month) (day) (year)

Cemetery or crematory: W home

Location: Cambridge Rt #3, Md

18. Funeral director: Tacker

Address

19. 1-7 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 6 1940, at 3-5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 6 1940, to Jan 6 1940, and that I last saw him alive on Jan 6 1940.

Immediate cause of death	DURATION
Atalectasis	2 1/2 hrs.
Due to Prematurity	8 mos
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: Jos. K. Shriver, M. D. (M. D. or other)

Address: Cambridge Md Date signed: Jan 7/40

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

0561

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge WITHIN CORPORATE LIMITS
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 hours

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State ____ County ____

City or town Cambridge Ward No. ____
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ____
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME Infant Peters

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	W	single

8 (b) Name of husband or wife —

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 22, 1940

8. AGE: Years | Months | Days | If less than one day: 3 hrs. ____ min.

9. Birthplace Cambridge Maryland
(Town, County, and state)

10. Usual occupation —

11. Industry or business —

FATHER — 12. Name John C. Peters

FATHER — 13. Birthplace Baltimore Md.

MOTHER — 14. Maiden name Dolly Ryan

MOTHER — 15. Birthplace Washington D.C.

16. Informant Mrs John C. Peters

Address Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 22-1940 (month) (day) (year)

Cemetery or crematory Cremation at

Location Cambridge - Maryland Hospital

18. Funeral director ____

Address Cambridge, Md.

19. 1-22 (Date rec'd by registrar) 1940 John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 22 1940, at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 22 8 PM 1940, to Jan 22 1940, and that I last saw h alive on Jan 22 1940.

	OURATION
Immediate cause of death Premature birth	
5 month foetus	
Due to Cause of premature birth unknown	
Due to —	
Other conditions —	
(Include pregnancy within 3 months of death)	

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide no Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury none Injured at work?

23. SIGNATURE Wylie M Farr M.D
M. D. or other

Address Cambridge Md Date signed Jan 23 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

0562

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 201 Academy St.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 201 Academy St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Laura Dickson Raymond.

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed.

6 (b) Name of husband or wife: John Raymond.

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Jan 15. 1863

8. AGE:

Years	Months	Days	If less than one day
77	-	12	hrs. min.

9. Birthplace: Sussex, Delaware (Town, county, and state)

10. Usual occupation: Retired Nurse.

11. Industry or business:

FATHER

12. Name: William Dickson

13. Birthplace: Delaware

MOTHER

14. Maiden name: Unknown

15. Birthplace: Delaware

16. Informant: Clarence Raymond.

Address: Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 29 1940 (month) (day) (year)

Cemetery or crematory: Greenlawn Cemetery.

Location: Cambridge Md.

18. Funeral director: Frank E. Albaugh

Address: Cambridge. Md.

19. 1-29 (Date rec'd by registrar) 1940 John Meace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 27 1940, at 1:30 a. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1936, to Jan 27 1940, and that I last saw her alive on Jan 27 1940.

	DURATION
Immediate cause of death: Cerebral apoplexy	Immediate
Due to: Hypertensive Cardio-Vascular renal disease	1936
Due to:	
Other conditions: Senility	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wylie M Farr M. D. M. D. or other

Address: Cambridge Md Date signed: Jan 28 1940

1940-1-27
1863-1-15
770-12

RECEIVED
FEB 5 1940
BUREAU V. S.

0563

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Hambrooks Blvd. R.R. #1

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 6 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Dorchester

City or town: Cambridge Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: Hambrooks Blvd. R.R. #1
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Marshall Rea

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Nellie Humphreys

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Jan 31, 1869

8. AGE: Years 70 | Months 11 | Days 27 | If less than one day ____ hrs. ____ min.

9. Birthplace: Cambridge Md.
(Town, county, and state)

10. Usual occupation: Retired Interior Decorator

11. Industry or business:

FATHER
12. Name: Page Rea.
13. Birthplace: Cambridge Md.

MOTHER
14. Maiden name: Sarah E. Marshall
15. Birthplace: Cambridge Md.

18. Informant: Mrs Marshall Rea
Address: Cambridge Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 21, 1940 (month) (day) (year)

Cemetery or crematory: Cambridge Cemetery

Location: Cambridge Md.

18. Funeral director: Frank E. Albaugh
Address: Cambridge Md.

19. 1-21 1940 (Date rec'd by registrar) John Neace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 18 1940, at 11:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 11 1935 to Jan 18 1940, and that I last saw him alive on Jan 17 1940.

Immediate cause of death: chronic myocardial degeneration. — DURATION: 10 yrs (?)

Due to: Sclerosis of the coronary arteries. — 20 yrs (?)

Due to: (Has suffered with angina pectoris many years)

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations: none

Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: John Schneider, M.D. M.D. or other

Address: Cambridge, Md. Date signed: Jan 20, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0564

CERTIFICATE OF DEATH

Reg. Dist. No. 11 S

1. PLACE OF DEATH:
County Somerset
City or town Hopperville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) none
Stay in this community (yrs., or mos., or days) 14-X-10 life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Somerset
City or town Hopperville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME ALBERT ROSS

3. (b) Social Security Number 219-01-3902

4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced
male	colored	married

6 (b) Name of husband or wife Rena Harrison Ross
6(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) September 9-1892

8. AGE: Years	Months	Days	If less than one day
47	4	10	hrs. min.

9. Birthplace Hopperville Somerset Md.
(Town, county, and state)
10. Usual occupation Waitsman & Oyster Shucker
11. Industry or business Seafoods
FATHER 12. Name John F. Ross
13. Birthplace Hopperville
MOTHER 14. Maiden name Josephine Ross
15. Birthplace Hopperville, Md.
16. Informant Rena Ross
Address Hopperville, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 21 19X0 (month) (day) (year)
Cemetery or crematory Wesley Grove Burying Ground
Location Hopperville, Md.
18. Funeral director H. M. St. Clair
Address Cambridge, Md.
19. Jan. 19 19X0 (Date rec'd by registrar) James W. Meade, Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 19 19X0, at 6:10 A. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1X 19X0, to Jan. 19 19X0, and that I last saw him alive on Jan. 19 19X0.

Immediate cause of death	DURATION
a. Influenza	7 days
Due to	
Due to	
Other conditions Acute Suppression Nephritis	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide None Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE James W. Meade M. D. or other
Address Fishing Creek, Md. Date signed Jan. 19/X0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 7 1940
BUREAU V. S.

0565

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 10

Village or City Brookview No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 82 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Emily Schmidt If U. S. Veteran, specify WAR —

(a) Residence: No. Rhodesdale, Md., R.F.D. St., Ward. No Social Security Number

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John W. Schmidt

6. DATE OF BIRTH (month, day, and year) About 1858

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
About 82	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own Home

10. Date deceased last worked at this occupation (month and year) Jan. 28, 1940

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Dorchester County (State or country) Maryland

FATHER

13. NAME Bayard White

14. BIRTHPLACE (city or town) Dorchester County (State or country) Maryland

MOTHER

15. MAIDEN NAME Margaret Turner

16. BIRTHPLACE (city or town) Dorchester County (State or country) Maryland

17. INFORMANT Mrs. Bertie Bell

(Address) Rhodesdale, Maryland, R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Brookview, Md. Date Jan. 31, 1940

19. UNDERTAKER J. J. Trampleton & Son

(Address) Federalsburg, Maryland

20. FILED Jan 30, 1940 Charles W. Hastings

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

January (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1940 to Jan 28, 1940

I last saw her alive on Jan 28, 1940 death is said to have occurred on the date stated above, at 6:30 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Influenza	

Other **Contributory Causes** of Importance:

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? —

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury None

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) L. E. Frazer M. D.

(Address) Preston, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
FEB 8 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (69)

0566

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH:
County: Dorchester
City or town: Rhodesdale Md. R.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days): 18

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State ____ County ____
City or town ____ Ward No. ____
(If outside city or town limits, write RURAL NEAR and give town)
Street No. ____
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR ____

3. (a) FULL NAME: Robert L. Seabrease

3. (b) Social Security Number

4. Sex: M
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Mary J. Seabrease
6 (c) If alive, give age: 15 years
7. Birth date of deceased (mo., day, yr.): March 17 - 1864
8. AGE: Years 75 Months 9 Days 24 If less than one day ____ hrs. ____ min.
9. Birthplace: Md (Town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business
FATHER
12. Name: John Seabrease
13. Birthplace: Md.
MOTHER
14. Maiden name: Emileine Webster
15. Birthplace: Md
16. Informant: Arthur Seabrease
Address: Rhodesdale Md R.D.
17. Burial (Burial, cremation, or removal, Which?) Date thereof: Jan 17-1940 (month) (day) (year)
Cemetery or crematory: Family
Location: Graven or Bros
18. Funeral director: Sharptown
Address:
19. Jan 17 1940 (Date rec'd by registrar) L. L. Hastings Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 15 1940, at 8 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from For past 2 years, to ____ 19__, and that I last saw him alive on about Dec 10 1939.
Immediate cause of death: Pellagra
Due to: Natural causes
Due to:
Other conditions: arthritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations: no operation
Of autopsy: —

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: L. G. Frazier M.D. or other
Address: Harlock C. Md. Date signed: 1-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 8 1940
BUREAU F. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (332)

0567

CERTIFICATE OF DEATH

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Eastern Shore State Hospital

Stay in hospital or inst. (yrs., or mos., or days) 24 days

Stay in this community (yrs., or mos., or days) 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester

City or town Stockton Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sallie Selena Stockley

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife Thomas B. Stockley

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 23 1878

8. AGE: Years 62 | Months | Days 14 | If less than one day hrs. min.

9. Birthplace Stockton, Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Domestic

FATHER 12. Name Mike Jones

13. Birthplace Maryland

MOTHER 14. Maiden name Henrietta Webb

15. Birthplace Maryland

16. Informant Hospital Records, State Hospital

Address Cambridge, Md.

17. Burial Date thereof Jan 8 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Portmuck Cem

Location Stockton, Md

18. Funeral director H. G. Shields

Address New Church, Va

19. 1-6a 1940 John Meade Jr
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 6 1940, at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 13 1939, to Jan 6 1940, and that I last saw h alive on Jan 5 1940.

Immediate cause of death Cerebral Embolism — DURATION Jan 1 1940

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Percy G. Hamlin M. D. or other

Address State Hospital, Cambridge, Md Date signed Jan 6 1940

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92d)

0568

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester Co

City or town: Cambridge Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Bethel St Cambridge Md

Stay in hospital or inst. (yrs., or mos., or days): None

Stay in this community (yrs., or mos., or days):

WITHIN CORPORATE LIMITS OF

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Bethel St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Amelia ~~Mary~~ Showell

3. (b) Social Security Number: None

4. Sex: Feal

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Wid-Widow

6 (b) Name of husband or wife: Helmery Showell

6(c) If alive, give age: Dead 15 years

7. Birth date of deceased (mo., day, yr.): Snowhill Md.

8. AGE: Years: 53 Months: Days: If less than one day: hrs. min.

9. Birthplace: donot know (Town, county, and state)

10. Usual occupation: Hous work

11. Industry or business: Nd

FATHER
12. Name: James Harmon
13. Birthplace: Nd

MOTHER
14. Maiden name: Mitil parker
15. Birthplace: Nd

16. Informant: Isah Harman

Address: Cambridge Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 2nd 1940 (month) (day) (year)

Cemetery or crematory: Millwill Cement

Location: Millwill whaley vill near Salisbury

18. Funeral director: Lewis H Bayne

Address: Cambridge Md

19. 2-2 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 30th 1940 at 7:35 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 15th 1939, to Jan 30th 1940 and that I last saw her alive on Jan 22nd 1940

Immediate cause of death: 7:35 P.M.

Due to: Chronic Nephritis Lobular Heart

Due to: Disease

Other conditions: Acute Bronchitis (Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

DURATION: Mo. 16/39. Jan 30/40

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of: None

Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): None

Means of injury: None Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Cambridge Md Date signed: Jan 30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(T)

RECEIVED
FEB 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

0569

CERTIFICATE OF DEATH

Reg. Dist. No. 110

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Seaford Del R.D.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 6 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State County

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Harry Blym Stanton

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
M	White	Married

6 (b) Name of husband or wife Sarah Stanton

6(c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) Aug 25 - 1892

8. AGE: Years	Months	Days	If less than one day
47	4	7	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John J Stanton

13. Birthplace Md

MOTHER 14. Maiden name Martha Russell

15. Birthplace Md

16. Informant Sarah Stanton

Address

17. Burial, cremation, or removal. Which? Burial Date thereof Jan 21-1940 (month) (day) (year)

Cemetery or crematory Salestown

Location

18. Funeral director Travers Bros

Address Sharptown

19. 1/21 1940 H L Hastings

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1/18 1940 at 1:25 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/18 1940, to 1/18 1940

and that I last saw h- alive on 1/18 1940

Immediate cause of death	DURATION
Coronary Thrombosis	3 hrs
Due to Chronic Myocarditis	1 year
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank M Anderson M.D.

M. D. or other

Address Federalsburg Md. Date signed 1/20/40

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(48E)

0570

Reg. Dist. No. 110

1. PLACE OF DEATH: Dorchester
County
City or town Galestown Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 10 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lettie M. Sullivan

3. (b) Social Security Number none

4. Sex F
5. Color or race White
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of husband or wife John P. Sullivan
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Oct 8 1874

8. AGE: Years 65 | Months 3 | Days 6 | If less than one day hrs. min.

9. Birthplace Maryland
(Town, county, and state)
10. Usual occupation Housework
11. Industry or business
FATHER 12. Name Thomas J. Russell
13. Birthplace Md
MOTHER 14. Maiden name Mary T. Calloway
15. Birthplace Md.
16. Informant Mollie Wheatley
Address Seaford, Del R.D.
17. Burial (Burial, cremation, or removal Which?) Date thereof Jan 16 1940 (month) (day) (year)
Cemetery or crematory Galestown
Location
18. Funeral director Gravenor Bros
Address Sharptown Md.
19. Jan 16th 1940 H. J. Hastings
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 14 1940, at 19 M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1938, to Jan 14 1940, and that I last saw her alive on Jan 14 1940.
Immediate cause of death Carcinoma of Uterus and Spinal Vertebra
DURATION 3 years One year
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE K. S. Kuhlman M. D. or other
Address Sharptown Md Date signed 1/16/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0571

CERTIFICATE OF DEATH

Reg. Dist. No. 160

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Dorchester

City or town Federalsburg, Md. R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland. County Dorchester

City or town Federalsburg, Md. R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Leslie Clark Towers, Jr.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 31st. 1939

8. AGE: Years | Months | Days: 5 | If less than one day: hrs. min.

9. Birthplace Dorchester Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Leslie Clark Towers.

FATHER 13. Birthplace Federalsburg, Md.

MOTHER 14. Maiden name Anna Frances Gullette,

MOTHER 15. Birthplace Caroline Co. Md.

16. Informant Leslie C. Towers,

Address Federalsburg, Md. R.F.D.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 6" 1940 (month) (day) (year)

Cemetery or crematory Cokesbury Cemetery, Md.

Location Near Reliance, Del.

18. Funeral director J.J. Framptom & Son.

Address Federalsburg, Md.

19. Jan. 6" 1940 (Date rec'd by registrar) Chas W Hastings

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5th. 1940, at 1-AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 4 1940, to Jan 4 1940, and that I last saw him alive on Jan 4 1940.

	DURATION
Immediate cause of death: Bronchopneumonia	Jan 1, 1940
Due to exposure at Bath.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. K. Knotts
M. D. or other

Address Federalsburg, Md. Date signed 1/6/1940

RECEIVED
FEB 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

CERTIFICATE OF DEATH

0572

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge, Md. (rural near)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R.F.D # 3

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge (rural near) Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Bar Neck R.F.D # 3

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George Howard Travers

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	col.	widowed

6 (b) Name of husband or wife L. Cromwell

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 14, 1857

8. AGE: Years	Months	Days	If less than one day
82	2	17	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer- farm

11. Industry or business

FATHER 12. Name Alfred Travers

13. Birthplace Maryland

MOTHER 14. Maiden name Sallie Ann Burks

15. Birthplace Md.

16. Informant Francis Travers (son)

Address Pine St. Cambridge, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 3rd 1940 (month) (day) (year)

Cemetery or crematory Beckwith

Location Cambridge, R.F.D # 3

18. Funeral director H. M. St Clair

Address Cambridge, Md

19. 1-3-40 (Date rec'd by registrar) 19 John Meade Jr Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 1 1940, at 6A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from X 19, to X 19,

and that I last saw h X alive on X 19.

Immediate cause of death Chronic Myocarditis — DURATION 4 yrs

Due to X

Due to X

Other conditions X

(Include pregnancy within 3 months of death)

Major findings:

Of operations X

Of autopsy X

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Jas. K. Shriver, Dep. Med. Ex. M. D. or other

Address Cambridge, Md. Date signed Jan. 2/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
FEB 5 1940
BUREAU V. S.

0573

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County: Dorchester

City or town: Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Md. Hosp.

Stay in hospital or inst. (yrs., or mos., or days): 1/2/40 - 11:40 a.m.

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Dorchester

City or town: Cambridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 435 Pine Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Nicey Waters

3. (b) Social Security Number: 217-10-8130

4. Sex: f

5. Color or race: col

6. (a) Single, married, widowed, or divorced: widowed ~~married~~

6. (b) Name of husband or wife: Harry Benjamin Waters

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug 15 1900

8. AGE: Years 39 | Months 4 | Days 18 | If less than one day ____ hrs. ____ min.

9. Birthplace: Md (Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER
12. Name: James Young
13. Birthplace: Md

MOTHER
14. Maiden name: Mary Dixon
15. Birthplace: Md

16. Informant: Laura Waters (daughter)
Address: Camb

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan 7 -40 (month) (day) (year)

Cemetery or crematory: Madison

Location: Madison, Md

18. Funeral director: Lewis H. Bayneme
Address: Cambridge, Md

19. 1-6 1940 (Date rec'd by registrar) John Mace Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 3 1940 192:20 at P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 14/19 1939, to Jan 3 1940, and that I last saw her alive on Jan 4 1940.

Immediate cause of death: Tuberculous Meningitis — DURATION: 2 wks.

Due to:

Due to:

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: Tuberculosis in spinal fluid

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Cambridge Md Date signed: 1/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

T

I

RECEIVED
FEB 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0574

(131-E)

1. PLACE OF DEATH

County Dorchester Registration Dist. No. 116

Village or City Cambridge, Rt #2 No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 8 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Albert Wheatley If U. S. Veteran, specify WAR

(a) Residence: No. East new market, St. C.F.D. Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Late Nettie Reed.

6. DATE OF BIRTH (month, day, and year) Feb. 14 - 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	85	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired

10. Date deceased last worked at this occupation (month and year) 0699

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) East new market
(State or country) Maryland

FATHER

13. NAME Joseph Wheatley

14. BIRTHPLACE (city or town) Maryland
(State or country)

MOTHER

15. MAIDEN NAME Tempa (?)

16. BIRTHPLACE (city or town) Maryland
(State or country)

17. INFORMANT Walter Neal
(Address) Cambridge, Rt #2

18. BURIAL, CREMATION, OR REMOVAL
Place East new Mkt. Md Date Jan. 28, 1940

19. UNDERTAKER W. H. Willoughby
(Address) East new Mkt. Md

20. FILED 1-26, 1940 John Mace Jr.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 25th, 1940.
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov 18th 1937 to Jan 25th 1940.

I last saw him alive on Dec 20th 1939; death is said to have occurred on the date stated above, at 10.45 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Fabrular Heart	Atomic Dec 1935 to Jan 1940

Other Contributory Causes of importance: Chronic Bright's disease

Name of operation None Date of None

What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? None
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify None

(Signed) Chas R. Coll M. D.

(Address) Cambridge, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (166)

0575

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge WITHIN CORPORATE LIMITS

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge-Maryland Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Bishop's Head Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Sidney L. Wheatley

3. (b) Social Security Number 221-05-6004

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	married

6 (b) Name of husband or wife Lida Hickman

6(c) If alive, give age 50 years

7. Birth date of deceased (mo., day, yr.) July 3, 1887

8. AGE: Years	Months	Days	If less than one day
52	6	6	hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Foreman

11. Industry or business Bridge Construction

FATHER 12. Name Sidney L. Wheatley

13. Birthplace Maryland

MOTHER 14. Maiden name Amanda Todd

15. Birthplace Maryland

16. Informant Sidney L. Wheatley, self

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 11 1939 40 (month) (day) (year)

Cemetery or crematory Bishops Head

Location Bishops Head, Md.

18. Funeral director Frank E. Albaugh

Address Cambridge, Md.

19. 1-11 1940 (Date rec'd by registrar) John Meade Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 9 1940, 8-30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 7 1940, to Jan. 9 1940, and that I last saw him alive on Jan. 9 1940.

	DURATION
Immediate cause of death Peritonitis	
Due to Perforations of intestine	3 days
Due to Rifle shot wounds	
Other conditions Fracture of right femur due to same cause	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Preforations and peritonitis.

Of autopsy x

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide homicide Date of Jan. 7/40

Where did injury occur? at home; Bishop's Head (City or town) (County) Maryland (State)

Injured at home, farm, industry, public place (where?) at home

Means of injury Rifle shots Injured at work? no

23. SIGNATURE Jos. K. Shriver, Dep. Med. Exam. M.D. or other

Address Cambridge, Md. Date signed Jan. 9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
FEB 5 1918
BUREAU V. S.

0576

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge R F D - 3

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: no

Stay in hospital or inst. (yrs., or mos., or days) no

Stay in this community (yrs., or mos., or days) 67-6-9

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Cambridge R F D #3 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Nora Cook Wilcox

3. (b) Social Security Number ✓

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Chas E. Wilcox

6(c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) 6-26-1872

8. AGE: Years 67 | Months 6 | Days 9 | If less than one day ___ hrs. ___ min.

8. Birthplace Dar Co. Maryland (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Home

FATHER

12. Name Alfred Cook

13. Birthplace Md

MOTHER

14. Maiden name Catherine Spedden

15. Birthplace Md

16. Informant Chas E. Wilcox

Address Cambridge R F D. 3 Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 8, 1940 (month) (day) (year)

Cemetery or crematory Speddens

Location James, Md

18. Funeral director G S L Concept

Address Cambridge Md

19. 1-9 1940 John Mace Jr. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 5 1940, at 1 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15, 1935, to Jan 5 1940, and that I last saw her alive on Jan 4, 1940.

Immediate cause of death Carcinoma of the mammary gland left.

DURATION 8 yrs

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ✓ Date of

Where did injury occur? ✓ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury Injured at work?

23. SIGNATURE John F Schneider M.D. M. D. or other

Address Cambridge Md Date signed Jan 6, 1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

RECEIVED
FEB 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

0577

1. PLACE OF DEATH

County Dorchester — Registration Dist. No. 116

Village or City Cambridge — No. Eastern Shore State Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 8 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward M. Willey — If U. S. Veteran, specify WAR

(a) Residence: No. St. Michael's Md. St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Louisa B. (Willey)

6. DATE OF BIRTH (month, day, and year) Jan 20 1866

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	74	0	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Oysterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): Unknown Unknown

11. Total time (years) at this occupation: Unknown Unknown

12. BIRTHPLACE (city or town) St. Michael's (State or country) Maryland

FATHER

13. NAME C.W. Willey

14. BIRTHPLACE (city or town) St. Michael's (State or country) Maryland

MOTHER

15. MAIDEN NAME Suzan Ann Sewell

16. BIRTHPLACE (city or town) St. Michael's (State or country) Maryland

17. INFORMANT Hospital Records Eastern Shore State (Address) Cambridge Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. Michaels Date Jan 26 1940

19. UNDERTAKER Newnam & Harrison (Address) St. Michaels Md.

20. FILED 1-23 1940 John Meade Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 23 (Month) (Day) 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1937 to Jan 23 1940

I last saw him alive on Jan 23 1940; death is said to have occurred on the date stated above, at 8.55 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchopnuemonia	Jan 1940
Chronic Myocarditis&Myocardial Deg.	Unknown
Arteriosclerosis General&Cerebral	"

Other Contributory Causes of Importance:

Paychosis with Cerebral Arteriosclerosis	1935

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Kenneth B. Jones M. D.

(Address) Cambridge Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

0578

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (8)

County Dorchester WITHIN CORPORATE LIMITS Registration Dist. No. 116

Village or City Cambridge No. Cam. Hospital St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U.S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME 3 mo. abortion Windsor If U. S. Veteran, specify WAR

(a) Residence: No. 421 Muir St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
under	W	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) 1/27/40

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
3 mo abortion			

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Cambridge (State or country) Md.

FATHER

13. NAME Matthew Windsor

14. BIRTHPLACE (city or town) Cambridge (State or country) Md.

MOTHER

15. MAIDEN NAME Rena Kinnamon

16. BIRTHPLACE (city or town) Cambridge (State or country) Md.

17. INFORMANT Matthew Windsor (Address) Cambridge

18. BURIAL, CREMATION, OR REMOVAL Place Cam. Hospital Date 1/27/, 1940

19. UNDERTAKER Cam. Hospital (Address) Cam. Md.

20. FILED 1/27/, 1940 John Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 1 (Month) 27 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1/26/, 1940, to 1/27/, 1940

I last saw h— alive on not at all, 19..; death is said to have occurred on the date stated above, at 5 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
3 mo. abortion	1/26/40
Cause unknown.	
Other Contributary Causes of Importance:	

Name of operation None Date of

What last confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19..

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) John Moore Jr., M. D.

(Address) Cambridge Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED FEB 5 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122-a)

0579

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:

County Dorchester

City or town Cambridge
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cambridge Hospital

Stay in hospital or inst. (yrs., or mos., or days) 9 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR U. S. Army - 1925-1928

3. (a) FULL NAME Garland Lee Wright

3. (b) Social Security Number 212-12-3516

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Viola Wright

6(c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) October 27, 1905

8. AGE: Years 34 Months 2 Days 17 If less than one day ___ hrs. ___ min.

9. Birthplace Mardela, Wicomico Co., Maryland
(Town, county, and state)

10. Usual occupation General Laborer

11. Industry or business American Stores Cannery

FATHER
12. Name William W. Wright
13. Birthplace Wicomico County, Maryland

MOTHER
14. Maiden name Delia Insley
15. Birthplace Wicomico County, Maryland

16. Informant Miss Virgie Wright

Address Hurlock, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof January 16 1940 (month) (day) (year)

Cemetery or crematory Washington Cemetery

Location Hurlock, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. 1/14 1940 (Date rec'd by registrar) John Moore Jr. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 14 1940, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 5 1940, to Jan 14 1940, and that I last saw him alive on Jan 14 1940.

Immediate cause of death Paralytic Ileus Ileus following

DURATION 6 days

Due to Herniorrhaphy 1/5/40

Due to Herniorrhaphy
no Herniotomy - LL
LL is wrong a.c.

Other conditions Herniorrhaphy
(Include pregnancy within 3 months of death)

Major findings: Inguinal
Of operations Inguinal hernia
Irreducible
Irreducible LL

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John Moore Jr. M. D. or other

Address Cambridge, Md. Date signed 1/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
FEB 5 1940
BUREAU Y. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

0580

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH:

County Dorchester

City or town Fishing Creek

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: —

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 63-3-8

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Fishing Creek Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Effie A Wraten (EFFIE-ADELLE-CREIGHTON WROTEN)

3. (b) Social Security Number 212-12-3682

4. Sex Female

5. Color or race White

8. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Late J. Howard Wraten

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 8-24-1876

8. AGE: Years 63 Months 3 Days 8 If less than one day ___ hrs. ___ min.

9. Birthplace Fishing Creek Md (Town, county, and state)

10. Usual occupation Home Oyster Shucker Crab Picker

11. Industry or business Sea Foods

FATHER

12. Name Wm H. Creighton

13. Birthplace Md

MOTHER

14. Maiden name Nora A Phillips

15. Birthplace Md

16. Informant Mrs Granville Parker

Address Fishing Creek, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 4 1940 (month) (day) (year)

Cemetery or crematory Hoosier Memorial

Location Fishing Creek Md

18. Funeral director G S LeCompte

Address Cambridge Md

19. Jan. 4 1940 (Date rec'd by registrar) James W. Meacer LOC Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 2 1940, at 24 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 27 1939, to Jan. 2 1940, and that I last saw her alive on Jan 2 1940.

Immediate cause of death Cardiac Renal Vascular disease

Due to

Due to

Other conditions Cardiac Decompensation

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy

DURATION: 10 yrs; 10 days

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE James W. Meacer M. D. M. D. or other

Address Fishing Creek, Md Date signed Jan 4/40

FEB 9 1948
BUREAU V. S.